

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10		3		1			60						
11		3					61						
12		3		1			62						
13		3		1			63						
14		3		1			64						
15		3		1			65						
16		3		1			66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20		3		1			70						
21	1						71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
AL							TOTAL IND.						
AL							TOTAL DEP.						
AL							TOTAL CLAIMS						